

ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118

(314) 353-5838 (314) 353-3691 FAX

Receipt Number: R07-005358

Receipt Date: 05 /03/07

Person Information: SEAN HOFFMAN

PID: P012027

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A016629	095847287	\$10.00	1	\$10.00
LICENSE SN	A016629	L07-45717	4.00	1	4.00
EXAM	A016629	T07-014086	.00	1	.00
BORDATELLA VACC	A016629	T07-014087	5.00	1	5.00
VACCINATION	A016629	T07-014088	5.00	1	5.00
EXAM	A016629	T07-014129	.00	1	.00
CEPHALEXIN	A016629	T07-014130	.00	1	.00
RABIES INOCULATION	A016629		10.00	1	10.00
ADOPTION FEES	A016629		15.00	1	15.00

Total Fees Due: **\$49.00**

Payments: Cash: \$49.00

Check: \$0.00

Credit Card: \$0.00

Total Payments Received: **\$49.00**

Thank You!

Change: \$0.00

Balance Due: \$0.00

Animal Information:

A016629 PFIFER - 10 MONTHS OF AGE, FEMALE, ROTTWEILER/MIX, BLACK AND BROWN DOG

Treatment Information:

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
	A016629 PFIFER				T07-014086	03/19/07
BORDATELLA	A016629 PFIFER			\$5.00	T07-014087	03/19/07
DHPP	A016629 PFIFER			\$5.00	T07-014088	03/19/07
	A016629 PFIFER				T07-014129	03/21/07
	A016629 PFIFER		CEPHALEX 500		T07-014130	03/21/07

TOTAL MEDICAL FEES: **\$10.00**

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
L07-45717	05/03/08	A016629	05/03/07	12	05/03/08	\$4.00	LIC SN
095847287	05/03/08	A016629		12		\$10.00	MICROCHIP

TOTAL LICENSE FEES: **\$14.00**

Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM* Saturday 9:00AM - 4:00PM*

*Shelters CLOSED Sundays and Holidays

Clerk: MARTINEZ SHELTER

Transaction Date: 05/03/07

Print Date: 05/03/07 ware\chameleon\crystal\receipt2.rpt

KIRRA

RABIES VACCINATION (1YR)

05/03/07

19-28 (REV 91ML)

HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES

Animal's Name: Pfifer Breed: Rott mix

Color: blk/ten Age: 1yr Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☒ S ☐ N

Owner's Name: Hoffman Sean
(LAST) (FIRST) (MIDDLE)

Address: [REDACTED]

Telephone: [REDACTED] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent [Signature] Signature of Owner / Owner's Agent [Signature]

City of St. Louis, Animal Regulation Center, 2120 Gasconade, St. Louis, MO 63118

VACCINATION/REGISTRATION NO.

45717

DATE OF VAC/REGISTRATION

5/3/07

VACCINE MANUFACTURER & LOT NO.

Rabobmen1

CLINIC IDENTIFICATION

ARC

TYPE OF VACCINE

☒ 1 YEAR ☐ 3 YEARS

REGISTRATION FEE:

\$ 4.00

HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 1 / 2

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 45836

Date: 5/21/2007

Patient ID: 3204	Species: CANINE	Weight: 6.13 pounds	
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007 Sex: Male	
Description	Staff Name	Quantity	Total
5/21/2007 EXAMINATION WITH VACCINATIONS	Dr. Micah A. Young D.V.M.	1.00	\$40.00
5/21/2007 FECAL EXAMINATION (FLOTATION)		1.00	\$19.00
5/21/2007 DHP VACCINATION		1.00	\$20.00
5/21/2007 BORDETELLA VACCINATION		1.00	\$18.50
5/21/2007 Heartgard Plus Free Small		1.00	\$0.00
5/21/2007 Frontline Plus 22# Individual		1.00	\$0.00
5/21/2007 Metronidazole 250 mg		5.00	\$4.00
Patient Subtotal:			\$101.50

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

05/21/2008 EXAMINATION WITH VACCINATIONS
05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
05/21/2008 DHP VACCINATION

We appreciate your patience while we are learning to use our new computer system.
We know this will allow us to better meet the needs of you and your pets.

HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 2 / 2

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 45836

Date: 5/21/2007

Patient ID: 3205	Species: CANINE	Weight: 61.80 pounds
Patient Name: Kirra	Breed: ROTTWEILER	Birthday: 06/21/2006 Sex: Spayed Female

Description	Staff Name	Quantity	Total
5/21/2007 Heartworm/Lyme/Ehrlichia/Anaplasmosis	Dr. Micah A. Young D.V.M.	1.00	\$38.00
5/21/2007 ANNUAL WELLNESS EXAMINATION		1.00	\$42.50
5/21/2007 FECAL EXAMINATION (FLOTATION)		1.00	\$19.00
5/21/2007 GIARDIA SNAP TEST		1.00	\$18.00
5/21/2007 Frontline Plus 45-88# Individual		1.00	\$0.00
5/21/2007 Heartgard Plus Large 12 Pack		1.00	\$98.00
5/21/2007 Metronidazole 500 mg		20.00	\$10.00
5/21/2007 EFA-VITE HP		1.00	\$19.38 T
5/21/2007 Simplicef Tabs 100mg		15.00	\$28.60
5/21/2007 Reglan (Metoclopramide)		1.00	\$17.00
5/21/2007 Fortiflora Canine		30.00	\$18.70
5/21/2007 EN Canine 12.5 oz		5.00	\$9.00 T
Patient Subtotal:			\$318.18

Reminder

05/03/2008 BORDETELLA VACCINATION
05/03/2008 RABIES CANINE 3 YEARS
05/03/2008 DHP ADULT-3 YEARS
05/21/2008 FECAL EXAMINATION (FLOTATION)
05/21/2008 Heartgard Plus Large 12 Pack
05/21/2008 ANNUAL WELLNESS EXAMINATION
05/21/2008 Heartworm/Lyme/Ehrlichia/Anaplasmosis

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
ST. LOUIS, MO. 63119

TERMINAL I.D.: 001005000000560250101
MERCHANT #: 5602501
DEBIT *****3774
BATCH: 000046
DATE: MAY 21, 07
TIME: 11:34
AUTH: 099637

TOTAL \$421.88

CUSTOMER COPY

Invoice Total:	\$419.68
Sales Tax :	\$2.20
Total:	\$421.88
Balance Due:	\$421.88
Previous Balance:	\$0.00
Balance Due:	\$421.88
Debit Card:	(\$421.88)
Less Payment:	(\$421.88)
Balance Due:	\$0.00

We appreciate your patience while we are learning to use our new computer system.
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HILLSIDE ANIMAL HOSPITAL

Page 1 / 1

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 46416

Date: 6/22/2007

Patient ID: 3204	Species: CANINE	Weight: 15.00 pounds
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007 Sex: Male

	Description	Staff Name	Quantity	Total
6/22/2007	Tri-Thalamic Ophth. Ointment	Dr. Edward J. Migneco, D.V.I	1.00	\$9.00
6/22/2007	EXAMINATION WITH VACCINATIONS		1.00	\$40.00
6/22/2007	DHP VACCINATION		1.00	\$20.00
6/22/2007	Heartgard Plus Free Small		1.00	\$0.00
6/22/2007	Frontline Plus 22# Individual		1.00	\$16.00 T
Patient Subtotal:				\$85.00

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
06/22/2008 EXAMINATION WITH VACCINATIONS
06/22/2008 DHP VACCINATION

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
ST LOUIS, MO. 63139

TERMINAL I.D.: 601050000005602050101
MERCHANT #: 56020501
HASTERCARD *****0056
SALE
BATCH: 000002
DATE: JUN 22, 07
TIME: 09:22
AUTH: 655788

TOTAL \$86.24

SEAN R. HOFFMANN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

Invoice Total:	\$85.00
Sales Tax :	\$1.24
Total:	\$86.24
Balance Due:	\$86.24
Previous Balance:	\$0.00
Balance Due:	\$86.24
Master Card:	(\$86.24)
Less Payment:	(\$86.24)
Balance Due:	\$0.00

Scheduled Appointments:

Appt. for Rugger on 7/13/2007 at 08:00 am.

We appreciate your patience while we are learning to use our new computer system.
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HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 1 / 2

Mr. Sean R. Hoffmann

■■■■■■■■■■
St. Louis, MO 63116

Client ID: 2320

Invoice #: 46844

Date: 7/16/2007

Patient ID: 3204	Species: CANINE	Weight: 22.00 pounds
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007 Sex: Neutered Male

	Description	Staff Name	Quantity	Total
7/16/2007	CASTRATION CANINE 0-25 LB.	Dr. Micah A. Young D.V.M.	1.00	\$0.00
7/16/2007	PREOPERATIVE EXAM		1.00	\$42.50
7/16/2007	PRE-OPERATIVE MEDICATION		1.00	\$15.00
7/16/2007	ISOFLURANE ANESTHESIA-MINIMUM		1.00	\$50.00
7/16/2007	CASTRATION CANINE 0-25 LB.		1.00	\$60.00
7/16/2007	INTRAVENOUS INDUCTION		1.00	\$17.50
7/16/2007	Metacam Injectable		0.40	\$18.00
7/16/2007	AVID Microchip		1.00	\$34.00 T
7/16/2007	RABIES CANINE 1 YEAR		1.00	\$15.00
7/16/2007	DHP VACCINATION		1.00	\$20.00
7/16/2007	RABIES LICENSE		1.00	\$5.00
7/16/2007	Previcox 57 mg Individual Tabs		4.00	\$9.20
		Patient Subtotal:		\$286.20

Instructions

YOUR PET HAS JUST BEEN SURGICALLY ALTERED. RESTRICT HIS ACTIVITY FOR THE NEXT ___ DAYS.
PLEASE KEEP THE INCISION AREA CLEAN. IF ANY RED- NESS APPEARS PLEASE CALL OUR OFFICE.
PREVENT HIM FROM JUMPING AND RUNNING AS MUCH AS POSSIBLE. PLEASE RETURN IN ___ DAYS FOR
SUTURE REMOVAL.

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS
NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR
OFFICE.

Reminder

05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
06/22/2008 EXAMINATION WITH VACCINATIONS
07/16/2008 RABIES CANINE 3 YEARS
07/16/2008 DHP VACCINATION

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HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 2 / 2

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 46844

Date: 7/16/2007

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
ST LOUIS, MO. 63139

TERMINAL I.D.: 0010050000005602850101

MERCHANT #: 56028501

VISA

*****4555

SALE

BATCH: 000924 IN: 000006

DATE: JUL 16, 07 TIME: 15:54

AUTH: 04529A

TOTAL \$288.83

SEAN HOFFMANN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

Invoice Total:	\$286.20
Sales Tax :	\$2.63
Total:	\$288.83
Balance Due:	\$288.83
Previous Balance:	\$0.00
Balance Due:	\$288.83
Visa:	(\$288.83)
Less Payment:	(\$288.83)
Balance Due:	\$0.00

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19-28 (REV 91ML)

HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATIONTYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES

Animal's Name: Rugger Breed: Rottweiler
Color: Blk/Brn Age: 15 wks Size: ☐ S ☒ M ☐ L ☐ XL Sex: ☒ M ☐ F ☐ S ☐ N
Owner's Name: Hoffman Sean
(LAST) (FIRST) (MIDDLE)
Address: _____
Telephone: _____ St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner / Owner's Agent

City of St. Louis, Animal Regulation Center, 2120 Gasconade, St. Louis, MO 63118

VACCINATION/REGISTRATION NO.

37392

DATE OF VAC/REGISTRATION

7-16-07

VACCINE MANUFACTURER & LOT NO.

Merial 18061B

CLINIC IDENTIFICATION

Hillside Prime

TYPE OF VACCINE

☒ 1 YEAR☐ 3 YEARS

REGISTRATION FEE:

\$ 5.00

ANIMAL HEALTH CENTER

Page 1 / 1

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN
■■■■■■■■■■
ENTERPRISE, AL 36330

Client ID: 7150
Invoice #: 180406
Date: 1/16/2008

Patient ID: 7150-3	Species: FELINE	Weight: 8.60 pounds		
Patient Name: JAZZMYN	Breed: DOMESTIC SHORT HAIR	Birthday: 01/16/2007 Sex: Spayed Female		
	Description	Staff Name	Quantity	Total
1/16/2008	Exam with Vaccination	M. BRUCE DONALDSON, D	1.00	\$22.00
1/16/2008	FIP		1.00	\$20.00
1/16/2008	Feline Leukemia (annual)		1.00	\$20.00
1/16/2008	Fecal Examination		1.00	\$13.00
1/16/2008	Amoxi Drops 30ml/ 1 oz		1.00	\$13.65 T
1/16/2008	Office Inject-Antibiotic		1.00	\$23.00
1/16/2008	Frontline Plus for Cats	DRS. LESTER & DONALDS	1.00	\$48.60 T
Patient Subtotal:				\$160.25

Instructions

IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.

VACCINATE YOUR CAT ANNUALLY AGAINST DEADLY LEUKEMIA VIRUS.

Reminder

01/16/2009 Fecal Examination
01/16/2009 FIP
01/16/2009 Feline Leukemia (annual)

Invoice Total:	\$160.25
Sales Tax :	\$4.98
Total:	\$165.23
Balance Due:	\$165.23
Previous Balance:	\$0.00
Balance Due:	\$165.23
Master Card:	(\$165.23)
Less Payment:	(\$165.23)
Balance Due:	\$0.00

ANIMAL HEALTH CENTER

Page 1 / 3

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 184636

Date: 5/3/2008

Patient ID: 7150-1	Species: CANINE	Weight: 81.00 pounds
Patient Name: KIRRA	Breed: ROTTWEILER MIX	Birthday: 10/16/2006 Sex: Spayed Female

	Description	Staff Name	Quantity	Total
5/3/2008	K-9 Annual Vac.W/ Exam, Fecal & HW	M. BRUCE DONALDSON, D	1.00	\$0.00
5/3/2008	Fecal Examination		1.00	\$13.00
5/3/2008	Heartworm Examination		1.00	\$14.50
5/3/2008	Exam with Vaccination		1.00	\$22.00
5/3/2008	Coronavirus (Annual)		1.00	\$19.00
5/3/2008	Rabies Vaccine (canine)		1.00	\$13.50
5/3/2008	DHPL & Parvo (Annual)		1.00	\$30.00
5/3/2008	Bordetella Vaccine		1.00	\$18.00
	Patient Subtotal:			\$130.00

Instructions

IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.

FELINE LEUKEMIA VACCINE IS NOW AVAILABLE, PLEASE VACCINATE YOUR CAT.

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.

Reminder

05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Fecal Examination
05/03/2009 Rabies Vaccine (canine)
05/03/2009 Coronavirus (Annual)
05/03/2009 Bordetella Vaccine
05/03/2009 Heartworm Examination

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

ANIMAL HEALTH CENTER

Page 2 / 3

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 184636

Date: 5/3/2008

Patient ID: 7150-5	Species: CANINE	Weight: 35.60 pounds
Patient Name: ERNIE	Breed: LABRADOR MIX	Birthday: 01/03/2008 Sex: Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
5/3/2008	Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
Patient Subtotal:				\$13.50

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

Reminder

05/03/2009 Rabies Vaccine (canine)
05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Heartworm Examination
05/03/2009 Coronavirus (Annual)
05/03/2009 Fecal Examination

Patient ID: 7150-6		Species: CANINE	Weight: 56.20 pounds	
Patient Name: JACK		Breed: BOXER MIX	Birthday: 05/03/2007	Sex: Neutered Male
	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
5/3/2008	Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
Patient Subtotal:				\$13.50

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

Reminder

05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Heartworm Examination
05/03/2009 Rabies Vaccine (canine)
05/03/2009 Coronavirus (Annual)
05/03/2009 Fecal Examination

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOEFMANN
Address: [REDACTED]
ENTERPRISE, AL 36330
Phone: [REDACTED]

Patient ID: 7150-5
Patient Name: ERNIE
Species: CANINE
Breed: LABRADOR MIX
Sex: Male
Color: BLACK
Markings:
Birthday: 01/03/2008
Weight: 35.60 pounds on 5/3/2008

Tag Number: 1025-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 5/3/2008
Expiration Date: 5/3/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOFFMANN
Address: [REDACTED]
ENTERPRISE, AL 36330
Phone: [REDACTED]

Patient ID: 7150-6
Patient Name: JACK
Species: CANINE
Breed: BOXER MIX
Sex: Neutered Male
Color: BLK/BRN
Markings:
Birthday: 05/03/2007
Weight: 56.20 pounds on 5/3/2008

Tag Number: 1479-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 5/3/2008
Expiration Date: 5/3/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

Patient History Report

Sorted by Patient ID

Patient: 7150-2 **RUGGER**
Client: 7150 SEAN HOFFMANN

Species: CANINE
DOB: 04/16/2007

Breed: ROTTWEILER MIX
Sex: Neutered Male

Date	Type	Staff	History
7/8/2008	P	5	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) Rx #: 30291 1 Of Refills As Needed APPLY TO LEFT EYE TWICE A DAY
7/8/2008	B	5	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) by JDM
5/26/2008	I	1	IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.
5/26/2008	P	1	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) Rx #: 30291 0 Of Refills As Needed APPLY TO LEFT EYE TWICE A DAY
5/26/2008	P	1	21.00 TABLETS of Delta Albaplex 3X (I337) Rx #: 30290 0 Of Refills As Needed GIVE 1 1/2 TABLETS BY MOUTH EVERY 12 HOURS UNTIL GONE FOR ANTIBOTIC.***MAY CAUSE INCREASED THIRST AND URINATION***
5/26/2008	CK	1	Reason for Visit: Examination Date Patient Checked Out: 05/26/08
5/26/2008	B	1	1.00 Exam - Routine (135) by AN
5/26/2008	B	1	21.00 TABLETS of Delta Albaplex 3X (I337) by AN
5/26/2008	B	1	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) by AN
5/10/2008	W		70 pounds
5/10/2008	I	1	VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.
5/10/2008	I	1	ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.
5/10/2008	I	1	STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.
5/10/2008	I	1	FELINE LEUKEMIA VACCINE IS NOW AVAILABLE, PLEASE VACCINATE YOUR CAT.
5/10/2008	I	1	IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.
5/10/2008	CK	1	Reason for Visit: Vaccinations Date Patient Checked Out: 05/10/08
5/10/2008	B	1	K-9 Annual Vac.W/ Exam, Fecal & HW (G1) by AN
5/10/2008	B	1	1.00 Fecal Examination (229) by AN
5/10/2008	B	1	1.00 Heartworm Examination (230) by AN
5/10/2008	B	1	1.00 Exam with Vaccination (142) by AN
5/10/2008	B	1	1.00 Coronavirus (Annual) (118) by AN
5/10/2008	B	1	1.00 Rabies Vaccine (canine) (100) by AN
5/10/2008	B	1	1.00 DHPL & Parvo (Annual) (101) by AN
5/10/2008	B	1	1.00 Bordetella Vaccine (149) by AN
3/29/2008	B	3	1.00 CARD of 51-100 Heartgard Chewable 6 month (I916) by AN

B-billing charges, C-medical notes, CB-call back, CK-check-in, D-diagnosis, DH-declined to history, E-examination, I-departing instruction, L-lab result, M-image cases, P-prescription, PA-PVL Accepted, PB-problems, PP-PVL Performed, PR-PVL Recommended, R-referral document, T-images, TC-tentative medical note, W-weight

ABIGAIL

KITTEN RESCUED FROM CAR ENGINE AT GROCERY STORE PARKING LOT & LATER REHOMED

ANIMAL HEALTH CENTER

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Page 1 / 1

SEAN HOFFMANN

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ENTERPRISE, AL 36330

- 1YR VACCINES -

Client ID: 7150

Invoice #: 185863

Date: 5/31/2008

Patient ID: 7150-7	Species: FELINE	Weight: 1.60 pounds
Patient Name: ABIGAIL	Breed: DOMESTIC SHORT HAIR	Birthdate: 00/00/0000 Sex: Female

	Description	Staff Name	Quantity	Total
5/31/2008	Exam - Routine	M. BRUCE DONALDSON, D	1.00	\$38.00
5/31/2008	Deworming/20 lbs.		1.00	\$12.50
5/31/2008	Feline Leukemia Test		1.00	\$47.50
5/31/2008	FVRCP & Pneu. (kitten #1)		1.00	\$26.00
5/31/2008	Feline Leukemia #1		1.00	\$22.25
5/31/2008	Mita-Clear		1.00	\$10.72 T
Patient Subtotal:				\$156.97

Instructions

IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.

BE SURE TO RECHECK A STOOL SPECIMEN IN 3 MONTHS.

FELINE LEUKEMIA VACCINE IS NOW AVAILABLE, PLEASE VACCINATE YOUR CAT.

PLEASE RETURN IN 2 WEEKS FOR THE NEXT LEUKEMIA VACCINATION.

Reminder

08/14/2008 FIP

Invoice Total:	\$156.97
Sales Tax 2008 :	\$0.91
Total:	\$157.88
Balance Due:	\$157.88
Previous Balance:	\$0.00
Balance Due:	\$157.88
Master Card:	(\$157.88)
Less Payment:	(\$157.88)
Balance Due:	\$0.00

- ERNIE NEUTERED -

ANIMAL HEALTH CENTER

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Page 1 / 1

SEAN HOFFMANN

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 186384

Date: 6/12/2008

Patient ID: 7150-5	Species: CANINE	Weight: 35.60 pounds
Patient Name: ERNIE	Breed: LABRADOR MIX	Birthday: 01/03/2008 Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
6/12/2008	Castration Feline-Group	JOHN H. LESTER, DVM	1.00	\$0.00
6/12/2008	Castration-Feline		1.00	\$50.00
6/12/2008	Anesthesia-Castration		1.00	\$32.00
6/12/2008	Pre-Surgical Profile #4		1.00	\$51.00
6/12/2008	Injection Hospital Antibiotic		1.00	\$22.25
Patient Subtotal:				\$155.25

Reminder

05/03/2009	Rabies Vaccine (canine)
05/03/2009	DHPL & Parvo (Annual)
05/03/2009	Exam with Vaccination
05/03/2009	Heartworm Examination
05/03/2009	Coronavirus (Annual)
05/03/2009	Fecal Examination

Invoice Total:	\$155.25
Not Taxable :	\$0.00
Total:	\$155.25
Balance Due:	\$155.25
Previous Balance:	\$0.00
Balance Due:	\$155.25
Visa:	(\$155.25)
Less Payment:	(\$155.25)

ANIMAL HEALTH CENTER

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Page 1 / 2

SEAN HOFFMANN

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ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 188219

Date: 7/26/2008

Patient ID: 7150-10		Species: CANINE	Weight: 13.80 pounds		
Patient Name: AMBER		Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Female	
	Description	Staff Name	Quantity	Total	
7/26/2008	Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50	
7/26/2008	Bordetella Vaccine		1.00	\$18.00	
7/26/2008	Deworming/20 lbs.		1.00	\$12.50	
7/26/2008	DHPL & Parvo (Annual)		1.00	\$30.00	
Patient Subtotal:				\$74.00	

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.

BE SURE TO RECHECK A STOOL SPECIMEN IN 3 MONTHS.

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

Reminder

07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination
07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination

ANIMAL HEALTH CENTER

Page 2 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN
■■■■■■■■■■
ENTERPRISE, AL 36330

Client ID: 7150
Invoice #: 188219
Date: 7/26/2008

Patient ID: 7150-9	Species: CANINE	Weight: 14.40 pounds
Patient Name: LACY	Breed: LABRADOR MIX	Birthday: 04/26/2008 Sex: Female

Description	Staff Name	Quantity	Total
7/26/2008 Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
7/26/2008 Bordetella Vaccine		1.00	\$18.00
7/26/2008 DHPL & Parvo (Annual)		1.00	\$30.00
7/26/2008 Deworming/20 lbs.		1.00	\$12.50
Patient Subtotal:			\$74.00

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

BE SURE TO RECHECK A STOOL SPECIMEN IN 3 MONTHS.

Reminder

07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination

Invoice Total:	\$148.00
Total:	\$148.00
Balance Due:	\$148.00
Previous Balance:	\$0.00
Balance Due:	\$148.00
check visa :	(\$148.00)
Less Payment:	(\$148.00)
Balance Due:	\$0.00

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

AMBER
RABIES VACCINE (1YR)
07/26/08

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID:	7150	Patient ID:	7150-10
Client Name:	SEAN HOFFMANN	Patient Name:	AMBER
Address:	■■■■■■■■■■	Species:	CANINE
		Breed:	LABRADOR MIX
	ENTERPRISE, AL 36330	Sex:	Female
Phone:	■■■■■■■■■■	Color:	TAN
		Markings:	
		Birthday:	04/26/2008
		Weight:	13.80 pounds on 7/26/2008

Tag Number:	1778-08	Vaccination Date:	7/26/2008
Lot Number:	1827503	Expiration Date:	7/26/2009
Producer:	Pfizer		
K / MLV:	Killed Virus		

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

LACY
RABIES VACCINE (1YR)
07/26/08

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOFFMANN
Address: [REDACTED]
ENTERPRISE, AL 36330
Phone: [REDACTED]

Patient ID: 7150-9
Patient Name: LACY
Species: CANINE
Breed: LABRADOR MIX
Sex: Female
Color: TAN
Markings:
Birthday: 04/26/2008
Weight: 14.40 pounds on 7/26/2008

Tag Number: 1782-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 7/26/2008
Expiration Date: 7/26/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

ANIMAL HEALTH CENTER

Page 1 / 1

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 188438

Date: 8/1/2008

Patient ID: 7150-6	Species: CANINE	Weight: 56.20 pounds
Patient Name: JACK	Breed: BOXER MIX	Birthday: 05/03/2007 Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
8/1/2008	Bordetella Vaccine	Matthew Farris, D.V.M.	1.00	\$18.00
Patient Subtotal:				\$18.00

Instructions

VAGGINATIONS-PROTECT-PETS AS-WELL-AS-THEIR HUMAN COMPANIONS.

Reminder

05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Heartworm Examination
05/03/2009 Rabies Vaccine (canine)
05/03/2009 Coronavirus (Annual)
05/03/2009 Fecal Examination
08/01/2009 Bordetella Vaccine

Invoice Total:	\$18.00
Total:	\$18.00
Balance Due:	\$18.00
Previous Balance:	\$0.00
Balance Due:	\$18.00
Check Check #: 727:	(\$18.00)
Less Payment:	(\$18.00)
Balance Due:	\$0.00

ANIMAL HEALTH CENTER

Page 1 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 189349

Date: 8/23/2008

Patient ID: 7150-10		Species: CANINE		Weight: 13.80 pounds	
Patient Name: AMBER		Breed: LABRADOR MIX		Birthday: 04/26/2008 Sex: Female	
	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>	
8/23/2008	Parvo Vaccination	M. BRUCE DONALDSON, D	1.00	\$20.00	
Patient Subtotal:				\$20.00	

Instructions

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

Reminder

07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination
07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination

Patient ID: 7150-9	Species: CANINE	Weight: 14.40 pounds		
Patient Name: LACY	Breed: LABRADOR MIX	Birthday: 04/26/2008 Sex: Female		
	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
8/23/2008	Parvo Vaccination	M. BRUCE DONALDSON, D	1.00	\$20.00
			Patient Subtotal:	\$20.00

Instructions

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

Reminder

07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

ANIMAL HEALTH CENTER

Page 1 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 194567

Date: 1/5/2009

Patient ID: 7150-10	Species: CANINE	Weight: 13.80 pounds
Patient Name: AMBER	Breed: LABRADOR MIX	Birthday: 04/26/2008 Sex: Spayed Female

	Description	Staff Name	Quantity	Total
1/5/2009	Ovariohysterectomy-Heat/Preg +	M. BRUCE DONALDSON, D	1.00	\$99.50
1/5/2009	Anesthesia-General Inhalant		1.00	\$58.00
1/5/2009	Office Inject-Antibiotic		1.00	\$23.00
1/5/2009	RIMADYL INJECTION 41-60#		1.00	\$30.91 T
		Patient Subtotal:		\$211.41

Instructions

PLEASE RETURN IN 10 DAYS FOR SUTURE REMOVAL

BECAUSE OF ANESTHESIA, YOUR PET MAY BE DROWSY, PLEASE CONFIN

Reminder

04/30/2009 26-50 Heartgard Chewable 6 month
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination
07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

ANIMAL HEALTH CENTER

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Page 2 / 2

SEAN HOFFMANN
■■■■■■■■■■
ENTERPRISE, AL 36330

Client ID: 7150
Invoice #: 194567
Date: 1/5/2009

Patient ID: 7150-9	Species: CANINE	Weight: 14.40 pounds
Patient Name: LACY	Breed: LABRADOR MIX	Birthday: 04/26/2008 Sex: Spayed Female

	Description	Staff Name	Quantity	Total
1/5/2009	RIMADYL INJECTION 41-60#	M. BRUCE DONALDSON, D	1.00	\$30.91 T
1/5/2009	Ovariohysterectomy-Heat/Preg +		1.00	\$99.50
1/5/2009	Anesthesia-General Inhalant		1.00	\$58.00
1/5/2009	Office Inject-Antibiotic		1.00	\$23.00
Patient Subtotal:				\$211.41

Instructions

PLEASE RETURN IN 10 DAYS FOR SUTURE REMOVAL

BECAUSE OF ANESTHESIA, YOUR PET MAY BE DROWSY, PLEASE CONFINE.

Reminder

07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination

Invoice Total:	\$422.82
Sales Tax 2008 :	\$5.26
Total:	\$428.08
Balance Due:	\$428.08
Previous Balance:	\$0.00
Balance Due:	\$428.08
Master Card:	(\$300.00)
Master Card:	(\$128.08)
Less Payment:	(\$428.08)
Balance Due:	\$0.00

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

INVOICE

Fort Rucker Vet Clinic

9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

Thank You for visiting your post Veterinarian

FOR: W01 Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
[REDACTED]

Printed: 06-11-09 at 10:53
Date: 06-11-09
Account: 8421
Invoice: 45205

Date	For	Qty	Description	Price	Discount	Net Price
Services by Dr. Leigh Ann Farris, NAF DVM						
06-11-09	Jack	1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
06-11-09		1	Bordatella Vaccination, Intranasal			12.00
06-11-09		1	Rabies Vaccination K-9 1yr			6.00
06-11-09		1	Microchip Implantation			18.00
06-11-09		1	DA2PPvL+CV			14.00
06-11-09	Jasmine	1	Rabies Feline Vaccination 1year			6.00
06-11-09		1	FVRCP Vaccination, 1YR			12.00
06-11-09		1	Microchip Implantation			18.00
06-11-09		1	Feline Leukemia, Annual			14.00
06-11-09	Kirra	1	Rabies Vaccination K-9 1yr			6.00
06-11-09		1	User Fee			2.00
06-11-09		1	DA2PPvL+CV			14.00
06-11-09		1	Bordatella Vaccination, Intranasal			12.00
06-11-09		1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
06-11-09	Rugger	1	Rabies Vaccination K-9 1yr			6.00
06-11-09		1	DA2PPvL+CV			14.00
06-11-09		1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
06-11-09		1	Bordatella Vaccination, Intranasal			12.00
Services by						
06-11-09	#684		Check payment			-208.00
<hr/>						
Old balance		Charges	Payments	New balance		
0.00		208.00	208.00	0.00		

Patient	Total charges
Rugger	46.00
Kirra	48.00

Jasmine	50.00
Jack	64.00

Reminders for: Rugger (Weight: 83.0 lbs - 2y)		Last done
06-11-10	DA2PPvL+CV	06-11-09
06-11-10	Heartworm test Heska	06-11-09
06-11-10	Rabies Vaccination, Canine, 1y	06-11-09
06-11-10	Bordatella Intranasal	06-11-09

Reminders for: Kirra (Weight: 87.0 lbs - 2y)		Last done
06-11-10	DA2PPvL+CV	06-11-09
06-11-10	Heartworm test Heska	06-11-09
06-11-10	Rabies Vaccination, Canine, 1y	06-11-09
06-11-10	Bordatella Intranasal	06-11-09

Reminders for: Jasmine (Weight: 10.4 lbs - 2y)		Last done
06-11-10	FVRCP Vaccination, 1YR	06-11-09
06-11-10	Feline Leukemia,	06-11-09
06-11-10	Rabies Feline, 1yr	06-11-09

Reminders for: Jack (Weight: 67.0 lbs - 2y)		Last done
06-11-10	DA2PPvL+CV	06-11-09
06-11-10	Heartworm test Heska	06-11-09
06-11-10	Rabies Vaccination, Canine, 1y	06-11-09
06-11-10	Bordatella Intranasal	06-11-09

Doctor's Instructions

Rabies Vaccination K-9 1yr

Vaccination reactions are an uncommon side effect which you should monitor for in your pet. Reactions most commonly occur within 30 minutes to 2 hours following vaccination. Signs include swelling, itching, redness, vomiting and diarrhea. This is a medical emergency! If a reaction occurs please return here or to the nearest veterinary clinic. If you have oral benadryl on hand, you can give your pet 1 mg per pound of body weight (Ex: 20 lb dog gets 20 mg benadryl). Please let us know if a reaction occurs so that we can make a note of it in your pet's record. After having a vaccination reaction, your pet should receive benadryl or something similar prior to any vaccinations.

DA2PPvL+CV

Vaccination reactions are an uncommon side effect which you should monitor for in your pet. Reactions most commonly occur within 30 minutes to 2 hours following vaccination. Signs include swelling, itching, redness, vomiting and diarrhea. This is a medical emergency!

Bordatella Vaccination, Intranasal

Vaccination reactions from the Bordetella (kennel cough) vaccine may include a mild cough.

User Fee

In accordance with AR40-905, a \$2.00 User Fee is to be charged to any sale. This amount is deposited in the US Treasury in accordance with Title 31, Section 3302.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Jack
SPECIES: Canine
SEX: Male
Color and markings: Brown

TAG NO: 09-1509
BREED: Boxer Mix
AGE: 2y
Microchip ID: # 985121004174464

← Pit Bull Mix

Signed

Leigh Ann Farris

Dr. Leigh Ann Farris, NAF DVM

AL 5530

Vaccinations done...

06-11-09	LAF	Rabies Vaccination K-9 1yr, #09-1509	
		06-11-10	
06-11-09	LAF	DA2PPvL+CV	06-11-10
06-11-09	LAF	Bordatella Vaccination, Intranasal	
		06-11-10	

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529A
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Jasmine *Jazzmin*
SPECIES: Feline
SEX: Spayed Female
Color and markings: Tabby & White

TAG NO: 09-1508
BREED: Domestic Short Hair
AGE: 2y
Microchip ID: # 985121005220422

Signed _____

Dr. Leigh Ann Farris, NAF DVM

AL 5530

Vaccinations done...

06-11-09	LAF	Rabies Feline Vaccination 1year, #09-150	
		06-11-10	
06-11-09	LAF	FVRCP Vaccination, 1YR	06-11-10
06-11-09	LAF	Feline Leukemia, Annual	06-11-10

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529A
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Kirra
SPECIES: Canine
SEX: Spayed Female
Color and markings: Black and Tan

TAG NO: 09-1510
BREED: Rottweiler Mix
AGE: 2y
Microchip ID: # 095847287

Signed _____

Leigh Ann Farris

Dr. Leigh Ann Farris, NAF DVM

AL 5530

Vaccinations done...

06-11-09	LAF	Rabies Vaccination K-9 1yr, #09-1510	
		06-11-10	
06-11-09	LAF	DA2PPvL+CV	06-11-10
06-11-09	LAF	Bordatella Vaccination, Intranasal	
		06-11-10	

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529A
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Rugger
SPECIES: Canine
SEX: Neutered Male
Color and markings: Black and Tan

TAG NO: 09-1512
BREED: Rottweiler Mix
AGE: 2y
Microchip ID: # 096100545

Signed _____

Leigh Ann Farris

Dr. Leigh Ann Farris, NAF DVM

AL 5530

Vaccinations done...

06-11-09	LAF	Rabies Vaccination K-9 1yr, #09-1512	
		06-11-10	
06-11-09	LAF	DA2PPvL+CV	06-11-10
06-11-09	LAF	Bordatella Vaccination, Intranasal	
		06-11-10	

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529A
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

INVOICE

Fort Rucker Vet Clinic

9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

Thank You for visiting your post Veterinarian

FOR: W01 Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
[REDACTED]

Printed: 08-06-09 at 08:30
Date: 08-06-09
Account: 8421
Invoice: 46560

Date	For	Qty	Description	Price	Discount	Net Price
Services by Kari I Proper, CPT VC						
08-06-09	Amber	1	DA2PPvL+CV			14.00
08-06-09		1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
08-06-09		1	Microchip Implantation			18.00
08-06-09		1	Rabies Vaccination, 3 year			6.00
08-06-09	Lacy	1	User Fee			2.00
08-06-09		1	DA2PPvL+CV			14.00
08-06-09		1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
08-06-09		1	Microchip Implantation			18.00
08-06-09		1	Rabies Vaccination, 3 year			6.00
Services by						
08-06-09			Mastercard payment			-106.00
<hr/>						
Old balance		Charges	Payments	New balance		
0.00		106.00	106.00	0.00		

Patient	Total charges
Lacy	54.00
Amber	52.00

Reminders for: Lacy (Weight: 46.6 lbs - 15m)		Last done
08-05-12	Rabies Vaccination, 3 year	08-06-09
08-06-10	DA2PPvL+CV	08-06-09
08-06-10	Heartworm test Heska	08-06-09
07-26-09	Rabies Vaccination, Canine, 1y	07-26-08
07-26-09	Bordatella Intranasal	07-26-08
04-26-08	Microchip Implantation	08-06-09

Amber 53.4 lbs.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 08-06-09
Next Rabies Vaccination On: 08-05-12

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

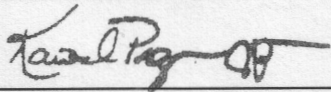
THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Amber
SPECIES: Canine
SEX: Female
Color and markings: Yellow

TAG NO: 09-2189
BREED: Lab Mix
AGE: 15m
Microchip ID: # 985121004317205

Signed



Kari I Proper, CPT VC

TN4207

Vaccinations done...

08-06-09	KIP	DA2PPvL+CV	08-06-10
08-06-09	KIP	Rabies Vaccination, 3 year, #09-2189	
		08-05-12	
07-26-08	***	Bordatella Intranasal	07-26-09
07-26-08	***	Rabies Canine, 1yr	07-26-09

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529B
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

Amber 53.4 lbs.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 08-06-09
Next Rabies Vaccination On: 08-05-12

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

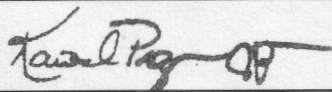
THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Amber
SPECIES: Canine
SEX: Female
Color and markings: Yellow

TAG NO: 09-2189
BREED: Lab Mix
AGE: 15m
Microchip ID: # 985121004317205

Signed _____



Kari I Proper, CPT VC

TN4207

Vaccinations done...

08-06-09	KIP	DA2PPvL+CV	08-06-10
08-06-09	KIP	Rabies Vaccination, 3 year, #09-2189	
		08-05-12	
07-26-08	***	Bordatella Intranasal	07-26-09
07-26-08	***	Rabies Canine, 1yr	07-26-09

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529B
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

INVOICE

Fort Rucker Vet Clinic

9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

Thank You for visiting your post Veterinarian

FOR: W01 Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
[REDACTED]

Printed: 08-13-09 at 12:18
Date: 08-13-09
Account: 8421
Invoice: 46787

Date	For	Qty	Description	Price	Discount	Net Price
Services by Dr. Leigh Ann Farris, NAF DVM						
08-13-09	Amber	1	Bordatella Vaccination, Intranasal			12.00
08-13-09	Lacy	1	Bordatella Vaccination, Intranasal			12.00
Services by Richard Kelly III, CPT VC						
08-13-09	Amber	1	User Fee			2.00
Services by						
08-13-09			Mastercard payment			-26.00
<hr/>						
Old balance		Charges	Payments	New balance		
0.00		26.00	26.00	0.00		

Patient	Total charges
Lacy	12.00
Amber	14.00

Reminders for: Lacy (Weight: 46.0 lbs - 15m)		Last done
08-05-12	Rabies Vaccination, 3 year	08-06-09
08-13-10	Bordatella Intranasal	08-13-09
08-06-10	Heartworm test Heska	08-06-09
08-06-10	DA2PPvL+CV	08-06-09
Reminders for: Amber (Weight: 53.4 lbs - 15m)		Last done
08-05-12	Rabies Vaccination, 3 year	08-06-09
08-13-10	Bordatella Intranasal	08-13-09
08-06-10	Heartworm test Heska	08-06-09
08-06-10	DA2PPvL+CV	08-06-09

ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118

(314) 353-5838 (314) 353-3691 FAX

Receipt Number: R10-009355

Receipt Date: 01 /12/10

Person Information: SEAN HOFFMAN

PID: P012027

ST LOUIS, MO 63116

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
LICENSE SN	A016629	L10-73944	\$4.00	1	\$4.00
LICENSE SN	A030546	L10-73943	4.00	1	4.00
LICENSE SN	A030547	L10-73945	4.00	1	4.00
LICENSE SN	A030548	L10-73946	4.00	1	4.00
LICENSE SN	A030549	L10-73947	4.00	1	4.00
LICENSE SN	A030550	L10-73948	4.00	1	4.00

Total Fees Due: **\$24.00**

Payments: Cash: \$24.00
Check: \$0.00
Credit Card: \$0.00

Total Payments Received: **\$24.00**

Thank You!

Change: \$0.00
Balance Due: \$0.00

Animal Information:

A016629 KIRRA - 10 MONTHS OF AGE, SPAYED, ROTTWEILER/MIX, BLACK AND BROWN DOG
A030546 AMBER - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, TAN DOG
A030547 RUGGER - 2 YEARS 6 MONTHS OF AGE, NEUTERED, ROTTWEILER/MIX, BLACK AND TAN DOG
A030548 JACK - 2 YEARS 6 MONTHS OF AGE, NEUTERED, BOXER/MIX, BROWN DOG
A030549 JASMINE - 3 YEARS OF AGE, SPAYED, DOMESTIC SH, ORG TABBY AND WHITE CAT
A030550 LACY - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, GOLD DOG

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
L10-73943	08/06/10	A030546	08/06/09	12	08/06/10	\$4.00	LIC SN
L10-73944	06/11/10	A016629	06/11/09	12	06/11/10	\$4.00	LIC SN
L10-73945	06/11/09	A030547	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73946	06/11/09	A030548	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73947	06/11/09	A030549	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73948	08/06/09	A030550	08/06/09	12	08/06/10	\$4.00	LIC SN

TOTAL LICENSE FEES: **\$24.00**

Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM* Saturday 9:00AM - 4:00PM*

*Shelters CLOSED Sundays and Holidays

Clerk: EVANS SHELTER

Transaction Date: 01/12/10

Print Date: 01/12/10 ware\chameleon\crystal\receipt2.rpt

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.Animal's Name: Amber Specific Breed Lab mixColor: amber Age 1 1/2 yrs Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ NOwner's Name: Hoffmann Sean/Kristin
(LAST) (FIRST) (MIDDLE)Address: 3945 Winnebago St.Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.							
7	3	9	4	3			
DATE OF VAC/REGISTRATION							
8/6/09							
VACCINE MANUFACTURER & LOT NO.							
CLINIC IDENTIFICATION							
Fort Rucker Vet Clinic							
TYPE OF VACCINE							
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR							
REGISTRATION FEE:							
\$ 4.00							

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.Animal's Name: Jack Specific Breed Boxer mixColor: brown Age 2 1/2 yrs. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☒ NOwner's Name: Hoffmann Sean/Kristin
(LAST) (FIRST) (MIDDLE)Address: 3945 WinnebagoTelephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.							
7	3	9	4	6			
DATE OF VAC/REGISTRATION							
6/11/09							
VACCINE MANUFACTURER & LOT NO.							
CLINIC IDENTIFICATION							
Fort Rucker vet clinic							
TYPE OF VACCINE							
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR							
REGISTRATION FEE:							
\$ 4.00							

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.Animal's Name: Jasmine Specific Breed DSHColor: tabby & white Age 3 yrs Size: ☐ S ☐ M ☐ L ☐ XL Sex: ☐ M ☒ F ☐ S ☒ NOwner's Name: Hoffmann Sean/Kristin
(LAST) (FIRST) (MIDDLE)Address: 3945 Winnebago St.Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.							
7	3	9	4	7			
DATE OF VAC/REGISTRATION							
6/11/09							
VACCINE MANUFACTURER & LOT NO.							
CLINIC IDENTIFICATION							
Fort Rucker vet clinic							
TYPE OF VACCINE							
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR							
REGISTRATION FEE:							
\$ 4.00							

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Kirra Specific Breed Rottweiler mix
 Color: blk/ tan Age 3 yrs Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N
 Owner's Name: Hoffmann Sean / Kristin
 (LAST) (FIRST) (MIDDLE)
 Address: 3945 Winnebago St.
 Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.							
7	3	9	4	4			
DATE OF VAC/REGISTRATION							
6/11/09							
VACCINE MANUFACTURER & LOT NO.							
CLINIC IDENTIFICATION							
Fort Rucker Vet Clinic							
TYPE OF VACCINE							
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR							
REGISTRATION FEE:							
\$ 4.00							

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Lacy Specific Breed Lab mix
 Color: golden Age 1 1/2 yrs. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N
 Owner's Name: Hoffmann Sean / Kristin
 (LAST) (FIRST) (MIDDLE)
 Address: 3945 Winnebago St.
 Telephone: 314-632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.							
7	3	9	4	8			
DATE OF VAC/REGISTRATION							
8/6/09							
VACCINE MANUFACTURER & LOT NO.							
CLINIC IDENTIFICATION							
Fort Rucker Vet Clinic							
TYPE OF VACCINE							
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR							
REGISTRATION FEE:							
\$ 4.00							

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Rugger Specific Breed Rottweiler mix
 Color: blk/ tan Age 2 1/2 yrs. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N
 Owner's Name: Hoffmann Sean / Kristin
 (LAST) (FIRST) (MIDDLE)
 Address: 3945 Winnebago St.
 Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.							
7	3	9	4	5			
DATE OF VAC/REGISTRATION							
6/11/09							
VACCINE MANUFACTURER & LOT NO.							
CLINIC IDENTIFICATION							
Fort Rucker Vet Clinic							
TYPE OF VACCINE							
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR							
REGISTRATION FEE:							
\$ 4.00							

Chippewa Animal Hospital

Page 1 / 2

3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Kristin/Sean Hoffmann
3945 Winnebago
St. Louis City, MO 63116

Client ID: 17147
Invoice #: 202097
Date: 7/23/2010

Patient ID: 3943
Patient Name: Jazzmin
Species: Feline
Breed: Domestic Shorthair

Weight:
Birthday: 01/14/2008
Sex: Spayed Female

	Description	Staff Name	Quantity	Total
7/23/2010	FVRCP Booster	Steve T. Pendino, DVM	1.00	\$12.11
	Feline Leukemia Booster		1.00	\$21.31
	Rabies Feline 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Revolution 5-15 Lbs Feline		1.00	\$79.00
Patient Subtotal:				\$183.20

Reminder

07/23/2011 Feline Leukemia Booster
FVRCP Booster
07/23/2013 Rabies Feline 3 Year Booster

Jazzmin

Patient ID: 3941
Patient Name: Kirra
Species: Canine
Breed: Rottweiler, Mix

Weight:
Birthday: 01/14/2008
Sex: Spayed Female

	Description	Staff Name	Quantity	Total
7/23/2010	Heartgard Plus 51-100 lbs 1 year	Steve T. Pendino, DVM	1.00	\$82.21
Patient Subtotal:				\$82.21

Reminder

06/11/2010 DHPP Booster (Adult)
Rabies Canine 1 Year Booster
Tracheobronchitis Vaccination

Kirra
Ruggers
Jack

CHIPPEWA ANIMAL HOSPITAL
3850 CHIPPEWA
SAINT LOUIS MO 63116
314-772-0292

Merchant ID: 00000213710
Term ID: 0039566 Ref #: 0008

Sale

*****0016

HASCARD Entry Method: Suiped

Total: \$ 330.94

07/23/10 11:30:49

Inv #: 000008 Appr Code: 706342

Apprvd: Online Batch#: 000843

Customer Copy

We are proud to announce that we now have a website. Please visit us at
www.chippewaanimalhospital.vetsuite.com. To participate in our Pet Portals program
please provide us with an updated email address.

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATIONTYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Qazzina Specific Breed ASH pitbull
Color: Tan/white Age 2 1/2 Size: ☐ S ☐ M ☐ L ☐ XL Sex: ☐ M ☐ F ☐ S ☐ N
Owner's Name: Holman, Kristin
(LAST) (FIRST) (MIDDLE)
Address: 3945 Delmar
Telephone: 634-20508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurko, D.V.M.
Signature of Health Officer or Agent

Kristin L. Holman
Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.					
DATE OF VAC/REGISTRATION					
7/8/10					
VACCINE MANUFACTURER & LOT NO.					
11/05/08					
CLINIC IDENTIFICATION					
Cheppewa Animal Hosp.					
TYPE OF VACCINE					
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR					
REGISTRATION FEE:					
\$ <u>5.00</u>					

Chippewa Animal Hospital

3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Page 1 / 2

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 203723

Date: 9/16/2010

Patient ID: 3941
Patient Name: Kirra
Species: Canine
Breed: Rottweiler, Mix

Weight:
Birthday: 01/14/2008
Sex: Spayed Female

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
9/16/2010	Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
	Rabies Canine 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Heartworm Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
		Patient Subtotal:		\$131.33

Reminder

06/11/2010 DHPP Booster (Adult)
09/16/2011 Tracheobronchitis Vaccination
Heartworm Lyme Ehrlichia & Anaplas Test
09/16/2013 Rabies Canine 3 Year Booster

Patient ID: 3942
Patient Name: Rugger
Species: Canine
Breed: Rottweiler, Mix

Weight:
Birthday: 01/14/2008
Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
9/16/2010	Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
	Rabies Canine 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Heartworm Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
		Patient Subtotal:		\$131.33

Reminder

06/11/2010 DHPP Booster (Adult)
09/16/2011 Tracheobronchitis Vaccination
Heartworm Lyme Ehrlichia & Anaplas Test
09/16/2013 Rabies Canine 3 Year Booster

We are proud to announce that we now have a website. Please visit us at
www.chippewaanimalhospital.vetsuite.com. To participate in our Pet Portals program
please provide us with an updated email address.

Chippewa Animal Hospital

3850 Chippewa Street
 St. Louis, MO 63116
 (314) 772-0292

Page 2 / 2

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 203723

Date: 9/16/2010

Patient ID: 3944
 Patient Name: Jack
 Species: Canine
 Breed: Pitbull Mix

Weight:
 Birthday: 01/14/2008
 Sex: Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
9/16/2010	Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
	Rabies Canine 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Heartworm Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
Patient Subtotal:				\$131.33

Reminder

06/11/2010 DHPP Booster (Adult)
 09/16/2011 Tracheobronchitis Vaccination
 Heartworm Lyme Ehrlichia & Anaplas Test
 09/16/2013 Rabies Canine 3 Year Booster

CHIPPEWA ANIMAL HOSPITAL
 3850 CHIPPEWA
 SAINT LOUIS MO 63116
 314-772-0292

Merchant ID: 000002713710
 Term ID: 00339565 Ref #: 0011

Sale

*****8816

MASTERCARD Entry Method: Swiped

Total: \$ 393.99

09/16/10 18:12:05

Inv #: 000011 Appr Code: 780546

Apprvd: Online Batch#: 000889

Customer Copy

Invoice Total: **\$393.99**Total: **\$393.99**Balance Due: **\$393.99**Previous Balance: **\$0.00**Balance Due: **\$393.99**Master Card: **(\$393.99)**Less Payment: **(\$393.99)****Balance Due: \$0.00**

We are proud to announce that we now have a website. Please visit us at
www.chippewaanimalhospital.vetsuite.com. To participate in our Pet Portals program
 please provide us with an updated email address.

Chippewa Animal Hospital
3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Rabies Certificate

Client ID: 17147
Client Name: Kristin/Sean Hoffmann
Address: [REDACTED]
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3941
Patient Name: Kirra
Species: Canine
Breed: Rottweiler, Mix
Sex: Spayed Female
Color: blk/tan
Markings:
Birthday: 01/14/2008
Weight:

Tag Number: 13710
Lot Number: A600291 / 18047C
Producer: Pfizer / Merial
K / MLV: Killed Virus

Vaccination Date: 9/16/2010
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Kirra Specific Breed: Rott-mix
Color: BLK-TAN Age: 3 y/c Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N
Owner's Name: Hoffmann, Kristin - M - Sean
(LAST) (FIRST) (MIDDLE)
Address: 5195 Brentwood Blvd
Telephone: 632-6508 St. Louis, MO Zip Code: 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.
Signature of Health Officer or Agent

[Signature]
Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

13710

DATE OF VAC/REGISTRATION

9-16-10

VACCINE MANUFACTURER & LOT NO.

Merial

CLINIC IDENTIFICATION

Chippewa Animal

TYPE OF VACCINE

☒ YEAR ☒ 3 YR

REGISTRATION FEE:

\$ 5.12

Chippewa Animal Hospital
3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Rabies Certificate

Client ID: 17147
Client Name: Kristin/Sean Hoffmann
Address: [REDACTED]
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3942
Patient Name: Rugger
Species: Canine
Breed: Rottweiler, Mix
Sex: Neutered Male
Color: blk/tan
Markings:
Birthday: 01/14/2008
Weight:

Tag Number: 13709
Lot Number: A600291 / 18047C
Producer: Pfizer / Merial
K / MLV: Killed Virus

Vaccination Date: 9/16/2010
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Rugger Specific Breed: Rott mix

Color: blk-tan Age: 3yr. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N

Owner's Name: Hoffmann, Kristin (LAST) Sean (FIRST) (MIDDLE)

Address: 3945 Winnebago

Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.
Signature of Health Officer or Agent

Kristin L. Hoffmann
Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

13709

DATE OF VAC/REGISTRATION

9-16-10

VACCINE MANUFACTURER & LOT NO.

Merial

CLINIC IDENTIFICATION

Chippewa Animal Hosp

TYPE OF VACCINE

☒ 1 YEAR ☒ 3 YEAR

REGISTRATION FEE:

\$ 5.00

Chippewa Animal Hospital
3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Rabies Certificate

Client ID: 17147
Client Name: Kristin/Sean Hoffmann
Address: [REDACTED]
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3944
Patient Name: Jack
Species: Canine
Breed: Pitbull Mix
Sex: Male
Color: brown
Markings:
Birthday: 01/14/2008
Weight:

Tag Number: 13711
Lot Number: A600291 / 18047C
Producer: Pfizer / Merial
K / MLV: Killed Virus

Vaccination Date: 9/16/2010
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Jack Specific Breed: Pitbull mix

Color: Brown Age: 1 yr. Size: ☐ S ☒ M ☐ L ☐ XL Sex: ☐ M ☐ F ☐ S ☒ N

Owner's Name: Hoffmann, Kristin (LAST) Sean (FIRST) (MIDDLE)

Address: 3945 W. Maribago

Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.
Signature of Health Officer or Agent

[Signature]
Signature of Owner

VACCINATION / REGISTRATION NO.

13711

DATE OF VAC/REGISTRATION

9-16-10

VACCINE MANUFACTURER & LOT NO.

Merial

CLINIC IDENTIFICATION

Chippewa Animal Hosp.

TYPE OF VACCINE

☒ 1 YEAR ☐ 3 YEAR

REGISTRATION FEE:

\$ 5.22

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

2011 HOFFMANN PET VACCINE RECORDS

ADMINISTERED BY:

VACCINES ADMINISTERED BY SEAN HOFFMANN)

PURCHASED FROM:

BORDATELLA & 7-IN-1 SHOTS PURCHASED FROM PET CONNECTION

11/15/11 BORDATELLA (1YR) ADMINISTERED TO:

- AMBER
- JACK
- KIRRA
- LACY
- RUGGER

11/15/11 MULTI-VACCINATION SHOT (1YR) ADMINISTERED TO:

- AMBER
- JACK
- KIRRA
- LACY
- RUGGER

**HILLSIDE ANIMAL HOSPITAL**

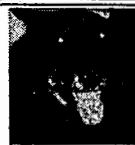
5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 79330

Date: 4/26/2012

Mr. Sean & Kristin R. Hoffmann


St. Louis, MO 63116


Patient ID: 3204

Weight: 111.50 pounds

Patient Name: Rugger

Birthday: 04/02/2007

Species: CANINE

Sex: Neutered Male

Breed: ROTTWEILER

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/26/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.M.	1.00	\$44.00
	Intestinal Parasite Fecal Screen		1.00	\$22.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	RABIES CANINE-3 YEARS		1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY		1.00	\$5.00
	DA2P ADULT-3 YEARS		1.00	\$31.50
	Trifexis 120lbs Brown 6 months		1.00	\$107.35
	Panacur Granules 4 gram		9.00	\$55.48
		Patient Subtotal:		\$358.33

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

04/26/2013 ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
Bordetella Vaccination-INTRANASAL
Intestinal Parasite Fecal Screen

04/26/2015 DA2P ADULT-3 YEARS
RABIES CANINE-3 YEARS

Thank you for visiting us today. We appreciate our clients very much. Please visit
our website at Hillsideanimalhospital.net !!!

RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION

TYPE OR PRINT HARD - YOU ARE MAKING THREE COPIES.

Animal's Name: Rugger Specific Breed Rottw.

Color: Blk/Brown Age 5 yr Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N

Owner's Name: Hoffmann Sean + Kristin
(LAST) (FIRST) (MIDDLE)

Address: [redacted]

Telephone: [redacted] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on _____

[Signature] [Signature]
Signature of Health Officer or Agent Signature of Owner

VACCINATION / REGISTRATION NO.									
3	1	6	6	4					
DATE OF VAC/REGISTRATION									
4/26/12									
VACCINE MANUFACTURER & LOT NO.									
Merial 18161A									
CLINIC IDENTIFICATION									
Hillside Ant Hosp									
TYPE OF VACCINE									
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR									
REGISTRATION FEE:									
\$ 5.00									

**HILLSIDE ANIMAL HOSPITAL**

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 79350

Date: 4/27/2012

Mr. Sean & Kristin R. Hoffmann

St. Louis, MO 63116



Patient ID: 5501

Patient Name: Amber

Species: CANINE

Breed: LABRADOR MIX

Weight: 57.50 pounds

Birthday: 05/10/2008

Sex: Spayed Female

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/27/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	RABIES CANINE-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$5.00
	DA2P ADULT-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$31.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	Trifexis 60 lbs Blue 6 months		1.00	\$103.68
	Panacur Granules 4 gram		3.00	\$21.16
	Panacur Granules 2 gram		3.00	\$14.80
Patient Subtotal:				\$313.14

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

04/25/2013 Intestinal Parasite Fecal Screen
04/27/2013 ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
Bordetella Vaccination-INTRANASAL
04/27/2015 DA2P ADULT-3 YEARS
RABIES CANINE-3 YEARS

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at Hillsideanimalhospital.net !!!

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Date: 4/27/2012

St. Louis, MO 63116

Patient ID:	5896	Weight:	72.80	pounds
Patient Name:	Jack	Birthday:	06/12/2007	
Species:	CANINE	Sex:	Neutered Male	
Breed:	PITBULL MIX			

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/27/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Intestinal Parasite Fecal Screen		1.00	\$22.00
	RABIES CANINE-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$5.00
	DA2P ADULT-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$31.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	Panacur Granules 4 gram		6.00	\$38.32
		Patient Subtotal:		\$233.82

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

04/27/2013 Intestinal Parasite Fecal Screen
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
Bordetella Vaccination-INTRANASAL

04/27/2015 DA2P ADULT-3 YEARS
RABIES CANINE-3 YEARS

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at Hillsideanimalhospital.net !!!

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean & Kristin R. Hoffmann

St. Louis, MO 63116

CUSTOMER COPY

Balance Due: \$0.00

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at Hillsideanimalhospital.net !!!

RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: Amber

Specific Breed: Lab mix

Color: Amber Age: 3yr 11mo Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N

Owner's Name: Hoffmann Sean + Kristin

(LAST) (FIRST) (MIDDLE)

Address: [redacted]

Telephone: [redacted] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on _____

[Signature]
Signature of Health Officer or Agent

[Signature]
Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.					
3	1	6	6	8	
DATE OF VAC/REGISTRATION					
4-27-12					
VACCINE MANUFACTURER & LOT NO.					
Merial 18161A					
CLINIC IDENTIFICATION					
Hillside An Hosp					
TYPE OF VACCINE					
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR					
REGISTRATION FEE:					
\$ 5.00					

RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: JACK

Specific Breed: Pitbull mix

Color: Brown Age: 4yr 10mo Size: ☐ S ☐ M ☐ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N

Owner's Name: Hoffmann Sean + Kristin

(LAST) (FIRST) (MIDDLE)

Address: [redacted]

Telephone: [redacted] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on _____

[Signature]
Signature of Health Officer or Agent

[Signature]
Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.					
3	1	6	6	7	
DATE OF VAC/REGISTRATION					
4-27-12					
VACCINE MANUFACTURER & LOT NO.					
Merial 18161A					
CLINIC IDENTIFICATION					
Hillside An Hosp.					
TYPE OF VACCINE					
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR					
REGISTRATION FEE:					
\$ 5.00					

Jefferson Animal Hospital 2120 South Jefferson 772-4438

Date

8-24-12

Client

Hoffmann

Patient

(Jefferson) Mister

2

CHARACTER OF SERVICE

FEE

CLINIC

- ☐ EXAMINATION AND OFFICE CALL
☐ RE-EXAM
☐ INJECTION
☐ EAR TREATMENT ☐ ANAL GLANDS
☐ PEDICURE
☐ EUTHANASIA AND DISPOSAL

PHARMACY

- ☒ TABLETS/CAPSULES Capstar (25-125 lbs.)
☐ LIQUID
☒ ~~DIET FOOD~~ Panacur granules x3
☐ DIET FOOD
☐ VITAMINS

IMMUNIZATIONS

- ☐ DHLPP BOOSTER
☐ RABIES VACCINE ☐ LICENSE
☐ DISTEMPER-HEPATITIS - LEPTOSPIROSIS-PARAINFLUENZA-PARVO
☒ BORDETELLA Intranasal
☐ FELINE DISTEMPER-RHINOTRACHEITIS-CALICI-PNEUMONITIS
☐ FELINE LEUKEMIA VACCINE

NEXT VACCINE RECOMMENDED

HOSPITAL

- ☐ SEDATION/TRANQUILIZER ☐ ANESTHETIC
☐ RADIOLOGY (X-RAY)
☐ SURGERY ☐ FRACTURE FIXATION
☐ DENTISTRY ☐ WORMING
☐ MEDICINE/DRUGS
☐ FLUIDS/TRANSFUSIONS
☐ HOSPITAL CARE AND BOARD DAYS @\$

LABORATORY

- ☒ FECAL ☐ URINE whipworms
☒ BLOOD ☐ SKIN
☐ CULTURE ☐ SENSITIVITY
☐ BIOPSY ☐ AUTOPSY

heartworm
test
Negative

TOTAL

91.00

Deposit

Previous Balance

RECHECK

Rx

TOTAL DUE

Chippewa Animal Hospital

3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Page 1 / 1

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 221423

Date: 9/25/2012

Patient ID: 3943	Species: Feline	Weight:	
Patient Name: Jazzmin	Breed: Domestic Shorthair	Birthday: 01/14/2008	Sex: Spayed Female

	Description	Staff Name	Quantity	Total
9/25/2012	FVRCP Booster	Steve T. Pendino, DVM	1.00	\$12.96
	Feline Leukemia Booster		1.00	\$22.81
	Wellness Exam w/ Vacc & OC		1.00	\$29.40
	Hazardous Waste Disposal		1.00	\$4.06
	Revolution 5-15 Lbs Feline		1.00	\$87.50
	Patient Subtotal:			\$156.73

Reminder

07/23/2013 Rabies Feline 3 Year Booster
09/25/2013 FVRCP Booster
Feline Leukemia Booster

Invoice Total: \$156.73

Total: \$156.73

Balance Due: \$156.73

Previous Balance: \$0.00

Balance Due: \$156.73

Master Card: (\$156.73)

Less Payment: (\$156.73)

Balance Due: \$0.00

CHIPPEWA ANIMAL HOSPITAL
3850 CHIPPEWA
SAINT LOUIS MO 63116
314-772-0292

Merchant ID: 000002713710
Term ID: 00339565 Ref #: 0002

Sale

*****0716

DEBIT Entry Method: Swiped

Total: \$ 156.73

09/25/12 10:20:28

Inv #: 000002 Appr Code: 009701

Apprvd: Online Batch#: 000076

HOFFMANN /KRISTIN L

Customer Copy

We are proud to announce that we now have a website. Please visit us at
www.chippewaanimalhospital.vetsuite.com. To participate in our Pet Portals program
please provide us with an updated email address.



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 85666

Date: 3/19/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

St. Louis, MO 63116



Patient ID: 3204
Patient Name: Rugger
Species: CANINE
Breed: ROTTWEILER/SHEPHERD MIX

Weight: 129.20 pounds
Birthday: 04/02/2007
Sex: Neutered Male

	Description	Staff Name	Quantity	Total
3/19/2013	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.	1.00	\$44.00
	Pre-Paid Intestinal Parasite Fecal Test		1.00	\$23.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	BORDETELLA VAX-ORAL		1.00	\$22.50
	Previcox 227 mg Individual Tab		7.00	\$26.75
	OM Canine 18#		1.00	\$42.40 T
Patient Subtotal:				\$199.15

Instructions

Your pet has been prescribed a nonsteroidal antiinflammatory medication to help treat pain. The most common side effects of this medication are GI in nature: vomiting, diarrhea, nausea, and ulcerations. This medication can also have adverse effects on the liver and kidneys. If your pet is on this medication for long periods of time, we will monitor kidney and liver enzymes 30 days after starting, the every 6 months.

Reminder

07/18/2013 Trifexis 60.1-120# BROWN 6-months
03/19/2014 Intestinal Parasite Fecal Screen
BORDETELLA VAX-ORAL
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
04/26/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
SAINT LOUIS MO 63110
314-645-2141

Merchant ID: 640103875
Term ID: 1212

Sale

MASTERCARD

XXXXXXXXXXXX0016

Entry Method: Swiped

Approval: Online Batch#: 000000

03/19/13 14:33:31

Inv#: 00000015 Appr Code: H73980

Total: \$ 202.75

Invoice Total: \$199.15

Sales Tax: \$3.60

Total: \$202.75

Balance Due: \$202.75

Previous Balance: \$0.00

Balance Due: \$202.75

Master Card: (\$202.75)

Less Payment: (\$202.75)

Balance Due: \$0.00

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at Hillsideanimalhospital.net !!!



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 86177

Date: 4/15/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

St. Louis, MO 63116



Patient ID: 3204
Patient Name: Rugger
Species: CANINE
Breed: ROTTWEILER/SHEPHERD MIX

Weight: 129.20 pounds
Birthday: 04/02/2007
Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/15/2013	Trifexis 5-10# PINK 6-months	Dr. Edward J. Migneco, D.V.M.	1.00	\$93.37
	Previcox 227 mg Individual Tab		7.00	\$26.75
Patient Subtotal:				\$120.12

Instructions

Your pet has been prescribed a nonsteroidal antiinflammatory medication to help treat pain. The most common side effects of this medication are GI in nature: vomiting, diarrhea, nausea, and ulcerations. This medication can also have adverse effects on the liver and kidneys. If your pet is on this medication for long periods of time, we will monitor kidney and liver enzymes 30 days after starting, then every 6 months.

Reminder

07/18/2013 Trifexis 60.1-120# BROWN 6-months
10/15/2013 Trifexis 5-10# PINK 6-months
03/19/2014 Intestinal Parasite Fecal Screen
BORDETELLA VAX-ORAL
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
04/26/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 86177

Date: 4/15/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

St. Louis, MO 63116



Patient ID: 5501
Patient Name: Amber
Species: CANINE
Breed: LABRADOR MIX

Weight: 61.10 pounds
Birthday: 04/17/2008
Sex: Spayed Female

	Description	Staff Name	Quantity	Total
4/15/2013	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Pre-Paid Intestinal Parasite Fecal Test		1.00	\$23.00
	BORDETELLA VAX-ORAL		1.00	\$22.50
	Trifexis 60.1-120# BROWN 6-months		2.00	\$193.22
	Patient Subtotal:			\$323.22

Reminder

04/26/2013 Trifexis 40.1-60# BLUE 6-months
10/15/2013 Trifexis 60.1-120# BROWN 6-months
04/15/2014 BORDETELLA VAX-ORAL
4DX Annual Blood Parasite Screening
ANNUAL PREVENTATIVE CARE EXAM
Intestinal Parasite Fecal Screen
04/27/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR

Invoice Total: \$443.34

Total: \$443.34

Balance Due: \$443.34

Previous Balance: \$0.00

Balance Due: \$443.34

Master Card: (\$443.34)

Less Payment: (\$443.34)

Balance Due: \$0.00

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
SAINT LOUIS, MO 63110
314-645-2141

Merchant ID: 646103075
Term ID: 1212

Sale

MASTERCARD

XXXXXXXXXXXX8816

Entry Method: Swiped

Apprvd: Online Batch: 000009

04/15/13

13:15:27

Inv#: 0000016 Appr Code: H86230

Total: \$ 443.34

Customer Copy

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our website at Hillsideanimalhospital.net !!!



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 86250

Date: 4/18/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

St. Louis, MO 63116

Patient ID: 5896	Weight: 79.20 pounds
Patient Name: Jack	Birthday: 03/13/2007
Species: CANINE	Sex: Neutered Male
Breed: PITBULL MIX	

	Description	Staff Name	Quantity	Total
4/18/2013	SENIOR PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Intestinal Parasite Fecal Screen		1.00	\$23.00
	BORDETELLA VAX-ORAL		1.00	\$22.50
	Clindamycin 300 mg - Antibiotics for paw wound		14.00	\$12.68
	Patient Subtotal:			\$142.68

Instructions

YOUR PET HAS REACHED THE AGE WHERE HE/SHE IS MORE PRONE TOWARD SERIOUS HEALTH PROBLEMS SUCH AS KIDNEY DISEASE, HEART DISEASE OR LIVER PROBLEMS. WE RECOMMEND THAT YOUR PET BE GIVEN A GERIATRIC PHYSICAL EVERY 6 MONTHS TO HELP US DETECT ANY HEALTH PROBLEMS.

Reminder

09/18/2013 Trifexis 60.1-120# BROWN 6-months
10/18/2013 SENIOR PREVENTATIVE CARE EXAM
04/18/2014 4DX Annual Blood Parasite Screening
BORDETELLA VAX-ORAL
Intestinal Parasite Fecal Screen
04/27/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
SAINT LOUIS, MO 63110
314-645-2141

Merchant ID: 640103875
Term ID: 1212

Sale

MASTERCARD

XXXXXXXXXXXX8816

Entry Method: Swiped

Apprvd: Online Batch#: 000003

04/18/13

14:17:35

Inv#: 00000009 Appr Code: H66379

Total:

142.68

Invoice Total:	\$142.68
Total:	\$142.68
Balance Due:	\$142.68
Previous Balance:	\$0.00
Balance Due:	\$142.68
Master Card:	(\$142.68)
Less Payment:	(\$142.68)
Balance Due:	\$0.00

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HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 88036

Date: 7/11/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

St. Louis, MO 63116

Patient ID:	3244	Weight:	47.00	pounds
Patient Name:	Dancer	Birthday:	07/10/2012	
Species:	CANINE	Sex:	Spayed Female	
Breed:	BOXER MIX			

	Description	Staff Name	Quantity	Total
7/11/2013	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.M.	1.00	\$44.00
	Intestinal Parasite Fecal Screen		1.00	\$23.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	CANINE RABIES VACCINATION-3 YEAR		1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY		1.00	\$5.00
	DA2P ADULT-3 YEARS		1.00	\$31.50
	BORDETELLA VAX-ORAL		1.00	\$22.50
	LEPTOSPIROSIS VACCINATION-1 YEAR		1.00	\$20.00
	Cerenia Tabs 160 mg 4ct		1.00	\$34.00
	Trifexis 40.1-60# BLUE 6-months		1.00	\$110.00
	Patient Subtotal:			\$360.50

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

01/11/2014 Trifexis 40.1-60# BLUE 6-months
07/11/2014 LEPTOSPIROSIS VACCINATION-1 YEAR
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
BORDETELLA VAX-ORAL
Intestinal Parasite Fecal Screen
07/11/2016 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR